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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

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June 26, 2017

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Mitchell H. Katz, M.D. *Mitchell Katz*
Director

SUBJECT: **EVALUATING THE IMPLEMENTATION AND
OUTCOMES OF THE NURSE STAFFING PLAN (ITEM
73-F FROM THE APRIL 18, 2017 BOARD AGENDA)**

On April 18, 2017, the Board directed the Department of Health Services (DHS) to report back in writing during the Fiscal Year (FY) 2017-18 Budget Deliberations with: (1) The total number of the 1,212 budgeted positions that have been filled since the implementation of the Nurse Staffing Plan (NSP) in FY 2014-15; (2) An evaluation of the intended and actual outcomes since DHS' implementation of the NSP; and (3) A description of how the proposed 305 Nurse Attendants in the DHS budget would complement the NSP.

BACKGROUND

The scope of the original NSP included positions to comply with regulatory standards, AB 394, Registered Nurse (RN) break relief, Affordable Care Act [Primary Care Medical Homes (PCMHs) and Specialty and Procedure Clinics], Mental Health sitters, Lift and Transport teams. In addition, the NSP standardizes staffing models for patient care areas within DHS, such as the hospital-based clinics; and management, education and Employee Health Services restructuring. DHS' Ambulatory Care Network (ACN) also completed its portion of the NSP to help improve patient experience, efficient care and the quality of care to patients served.

NUMBER OF POSITIONS THAT HAVE BEEN FILLED SINCE THE IMPLEMENTATION OF THE NSP

The NSP implementation was over a three year period, beginning in FY 2014-15. There were a total of 1,212 new budgeted positions allocated for the NSP. As of May 25, 2017, there were 1,040 budgeted positions filled since FY 2014-15 and offset from County overtime and Nurse Registry reduction. The overall position fill rate is 86% and the vacancy rate is 14%. At the present time, the majority of vacancies are for clerical support and nursing attendant positions. NSP hiring

targets were met for each of the three years. The current NSP vacancies are directly related to attrition, which is at an expected level.

Among the positions included in NSP Year 3, there are 11 vacant positions out of a total of 118 allocated (9.3% vacancy rate). Recruitment efforts continue for these remaining 11 vacant positions.

EVALUATION OF THE NSP'S INTENDED AND ACTUAL OUTCOMES

The NSP included several components, as briefly summarized in the background section above. DHS and its patients have greatly benefited from the addition of these nursing staff positions. A brief summary of these outcomes is described below.

Inpatient Units

- Ensured compliance with regulations such as AB 394 nurse staffing ratios and AB 1136 requirements for Safe Patient Handling (implementation of Lift Teams). Each of the facilities was allocated nursing budgeted items/FTEs to meet the mandated nurse to patient ratio requirements outlined in AB 394 and needed to comply with AB 1136. The addition of County staff to meet these ratios helped to stabilize the workforce given that DHS had previously relied on registry and overtime to maintain regulatory compliance.
- Allowed for the formation of Transport Teams to efficiently transport patients between units within each facility, a duty that had previously been performed by the unit's core nursing staff.
- Provided Nursing Attendants to serve as "sitters" on inpatient psychiatric units. Sitters provide close observation of mental health patients as one means of avoiding the use of physical and chemical restraints.
- Increased staffing of the DHS operating rooms, allowing for increased surgical capacity and assisting with Operating Room flow and throughput.

Hospital-Based Clinics and ACN Clinics

The NSP allowed DHS to support the successful implementation of 20 nurse directed clinics and provided core nurse staffing for DHS' PCMHs. The number of PCMHs grew from 130 in 2012 to 152 as of November 2016. This has facilitated DHS being able to empanel approximately 450,000 patients across all DHS primary care clinics, with each "medical home" operating with a multidisciplinary team-based staffing model.

Patient care improvements were also made at the DHS Hospital-Based Clinics and ACN specialty and procedure-based clinics through the allocation of NSP positions. Through a variety of initiatives, including implementation of eConsult, DHS responses to specialty clinic referrals and when a face-to-face specialty care visit is required, patients are able to be scheduled in a timelier manner. Teleretinal Diabetic Retinopathy Screening was also expanded in 17 primary care clinics across DHS medical centers, multi-specialty ambulatory care centers and the ACN. The expansion has resulted in an 89.2% reduction in wait times for screening.

The DHS RN overall vacancy rate (for NSP and non-NSP RN positions) for the four facilities is 8.3%. This compares favorably to the California State RN vacancy rate of 8.5%. The overall RN turnover rate among the four facilities is 5.4% compared to the RN State average of 12-17%.

Prior to the NSP implementation, multiple external registries were used in an effort to meet mandated staffing requirements. The DHS Nursing Registry overall cost in FY 2012-13 was \$41,177,000; the FY Estimate for 2016-17 is \$14,027,000; an approximate 66% decrease.

IMPACT OF ADDITIONAL NURSE ATTENDANT STAFF TO THE NSP

The original NSP, as noted above, included sufficient Nursing Attendant staffing to serve as “sitters” on the acute psychiatric units. DHS still relied heavily on registry to meet the sitter needs of DHS’ medical and surgical units. The 305 Nurse Attendant I allocation approved in the FY 2017-18 status quo budget (153 in FY 2017-18 and 152 to be added in FY 2018-19) will cover the need for sitter services for the medical and surgical patient population. This will complement the NSP through assurance that sitter services are available for the acute Medical and Surgical patients to maintain patient safety. This allocation of additional County items will facilitate reduction of overtime and registry use among Nursing Attendant staffing, using FY 2015-16 as the baseline.

DHS plans to expedite hiring for the current 68 Nurse Attendant I vacancies as well as the 153 Nurse Attendant I positions added to DHS’ budget for FY 2017-18. DHS Office of Nursing Affairs will monitor the reduction and reliance of County nursing overtime staff and Contract registry personnel.

NEXT STEPS

As is described in a separate report back regarding Nursing Attendant hiring, DHS will work closely with the Department of Human Resources (DHR) and the Department of Workforce Development, Aging and Community Services (WDACS) to develop and implement a plan to hire high-functioning, work-ready County clients who will enroll and graduate from a Nursing Attendant training program to fill the remaining 152 Nurse Attendant I vacancies in FY 2018-19.

If you have any questions or need additional information, please contact Susan Currin, RN, Chief Nursing Officer, at (213) 240-7702.

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c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Human Resources
Department of Workforce Development, Aging and Community Services